



STATE OF MARYLAND

DHMH

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November 4, 2011

Public Health & Emergency Preparedness Bulletin: # 2011:43 **Reporting for the week ending 10/29/11 (MMWR Week #43)**

CURRENT HOMELAND SECURITY THREAT LEVELS

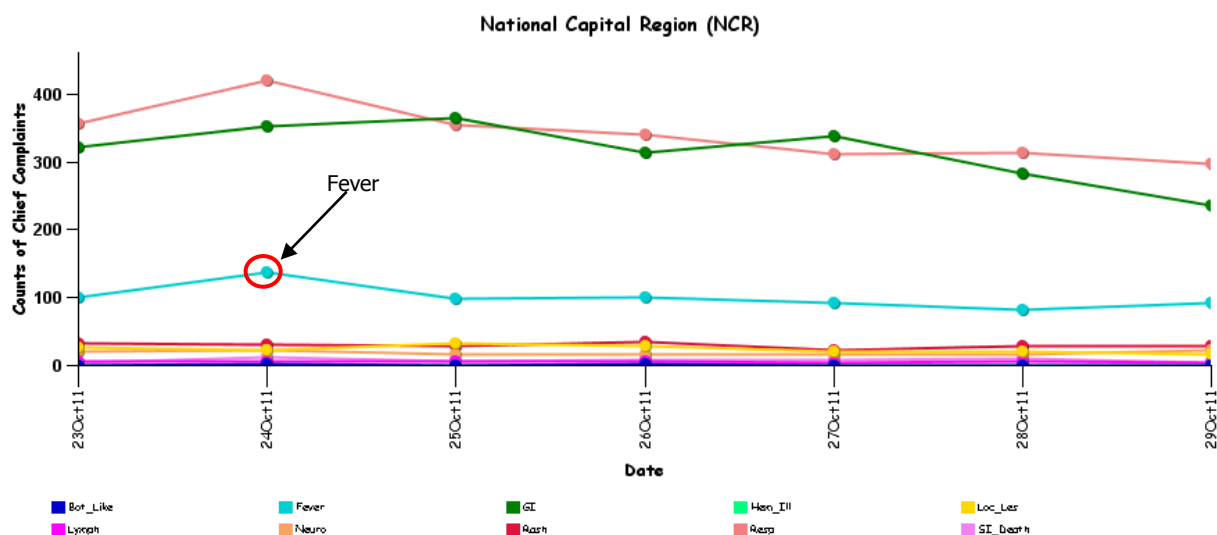
National: No Active Alerts
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

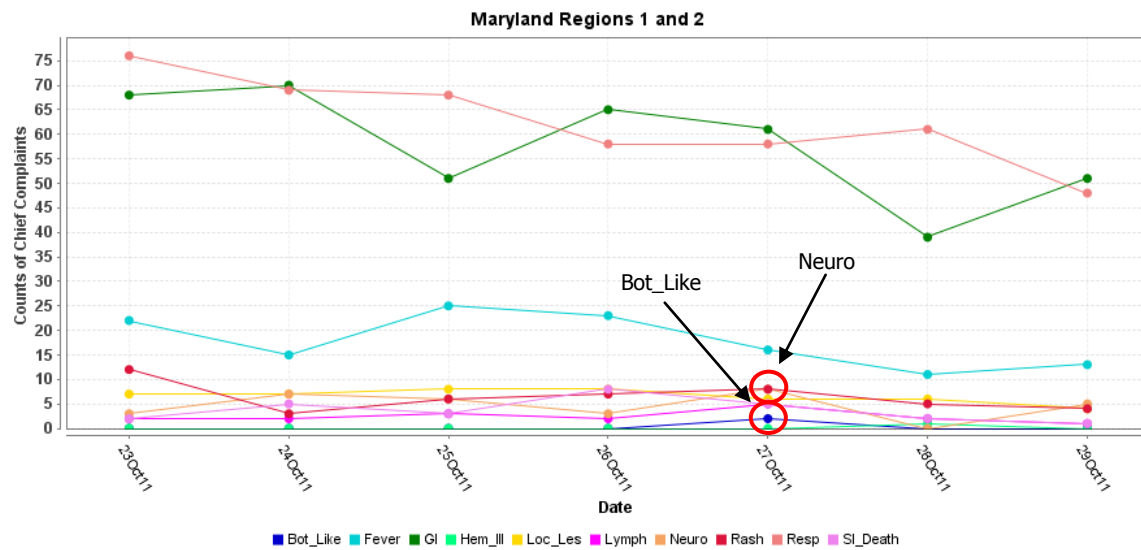
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

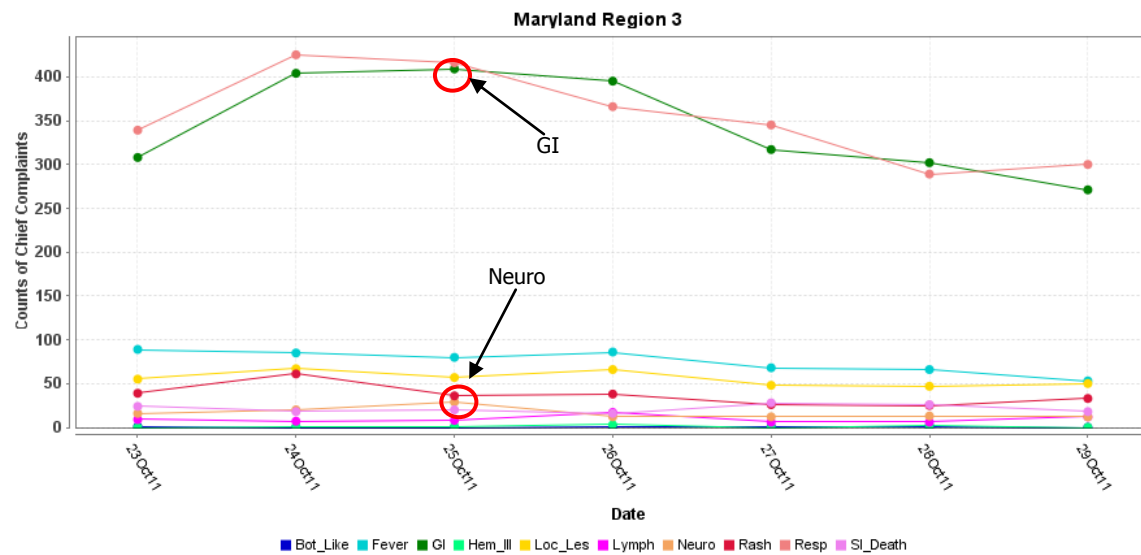


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

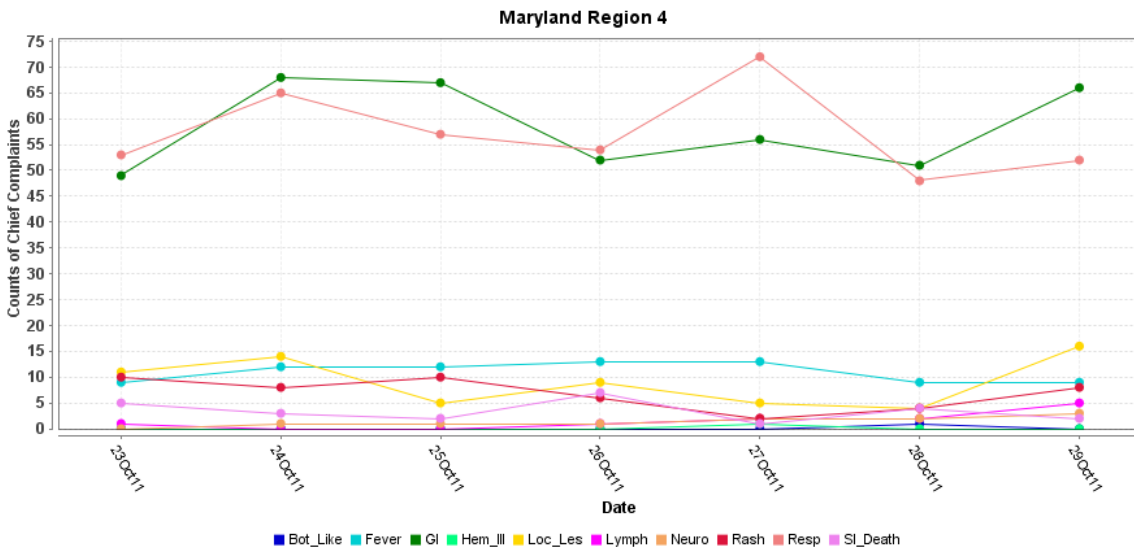
MARYLAND ESSENCE:



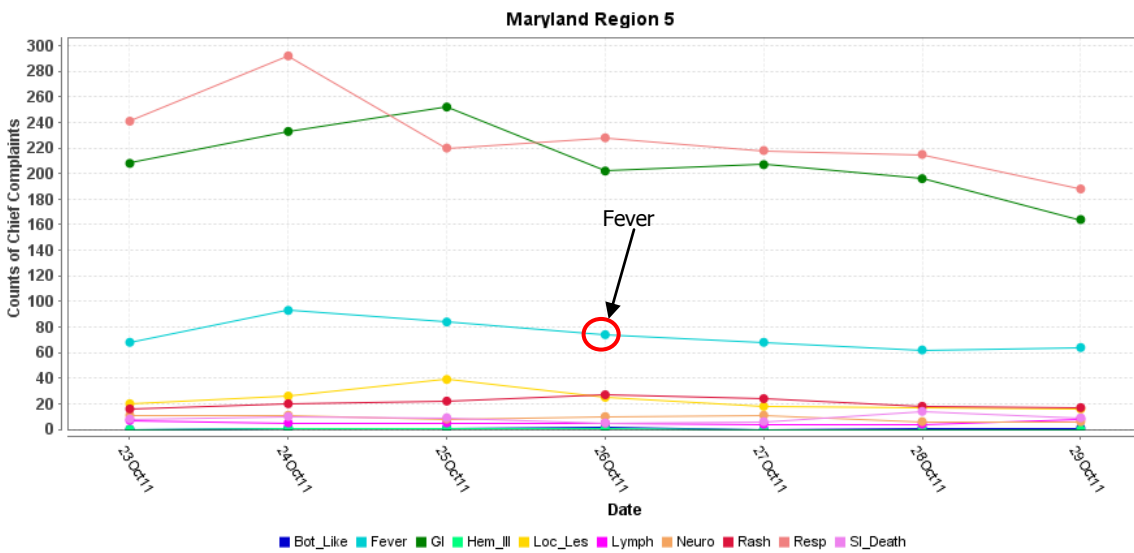
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

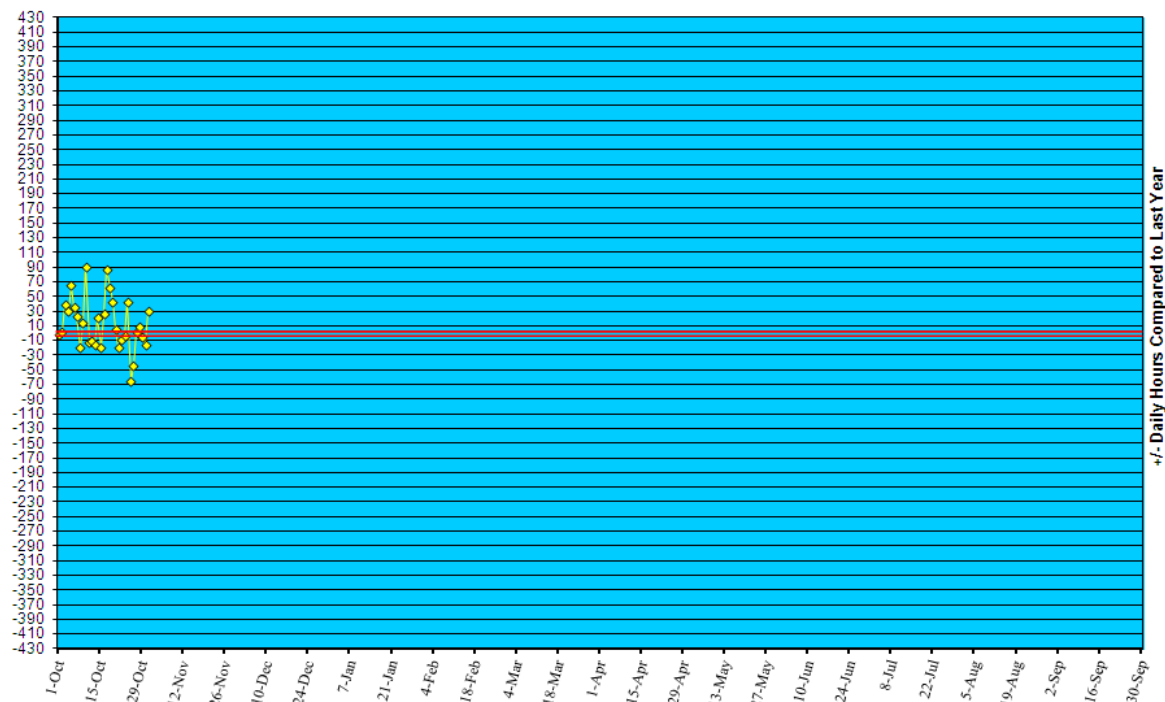


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '11 to October 29, '11



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in September 2011 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (October 23 – October 29, 2011):	24	0
Prior week (October 15 – October 22, 2011):	23	0
Week#41, 2010 (October 24 – October 30, 2010):	14	0

7 outbreaks were reported to DHMH during MMWR week 43 (October 23 – October 29, 2011).

2 Gastroenteritis outbreaks

- 1 outbreak of GASTROENTERITIS in a Nursing Home
- 1 outbreak of GASTROENTERITIS in a Continuing Care Retirement Community

1 Foodborne outbreak

- 1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Banquet Hall

2 Respiratory illness outbreaks

- 1 outbreak of PNEUMONIA in a Nursing Home
- 1 outbreak of RSV in a Daycare center

2 Rash illness outbreaks

- 2 outbreaks of SCABIES in Assisted Living Facilities

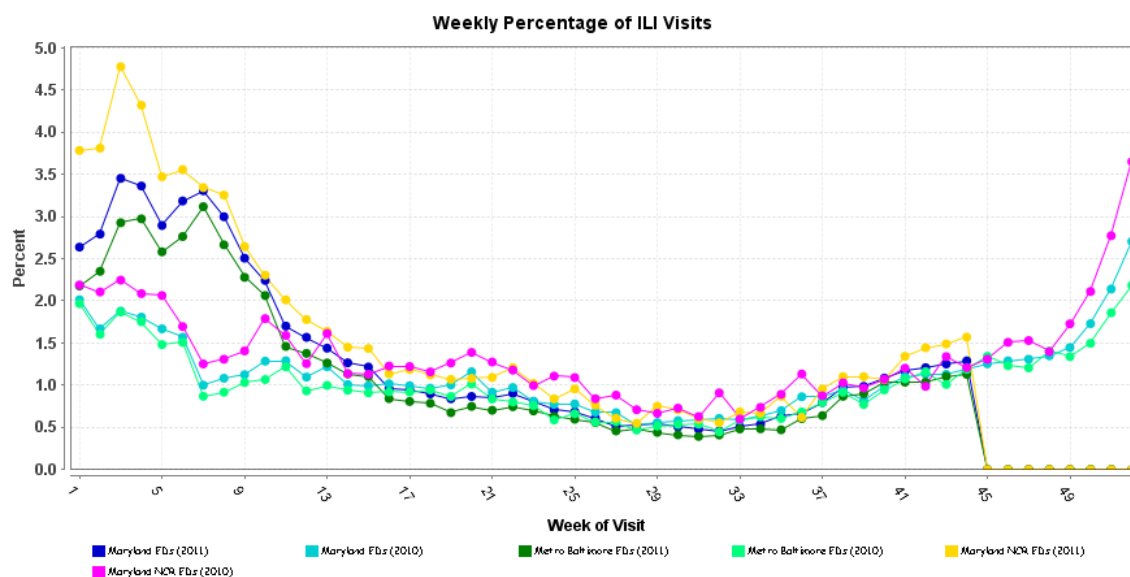
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

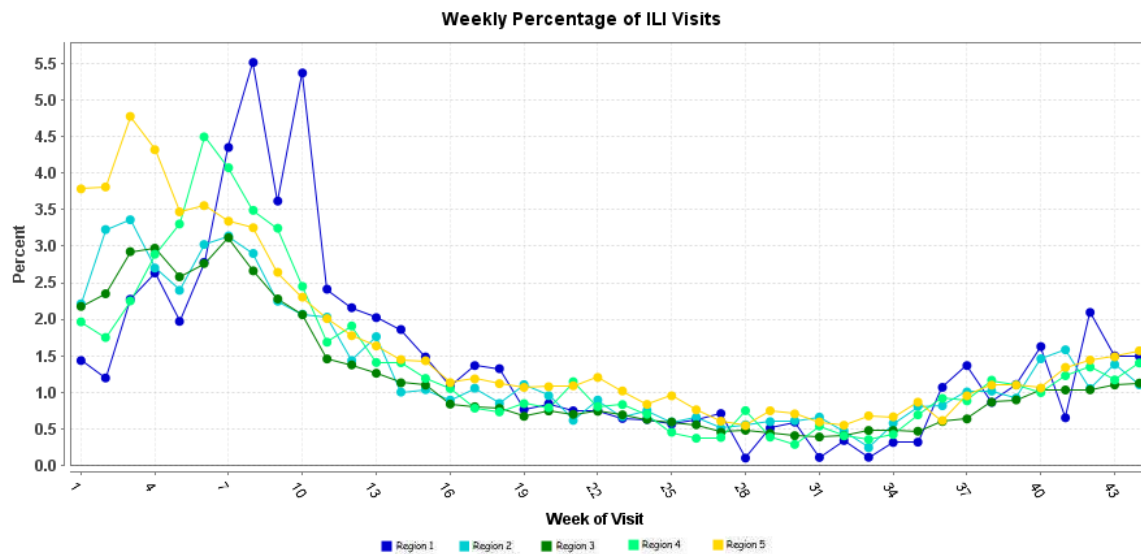
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

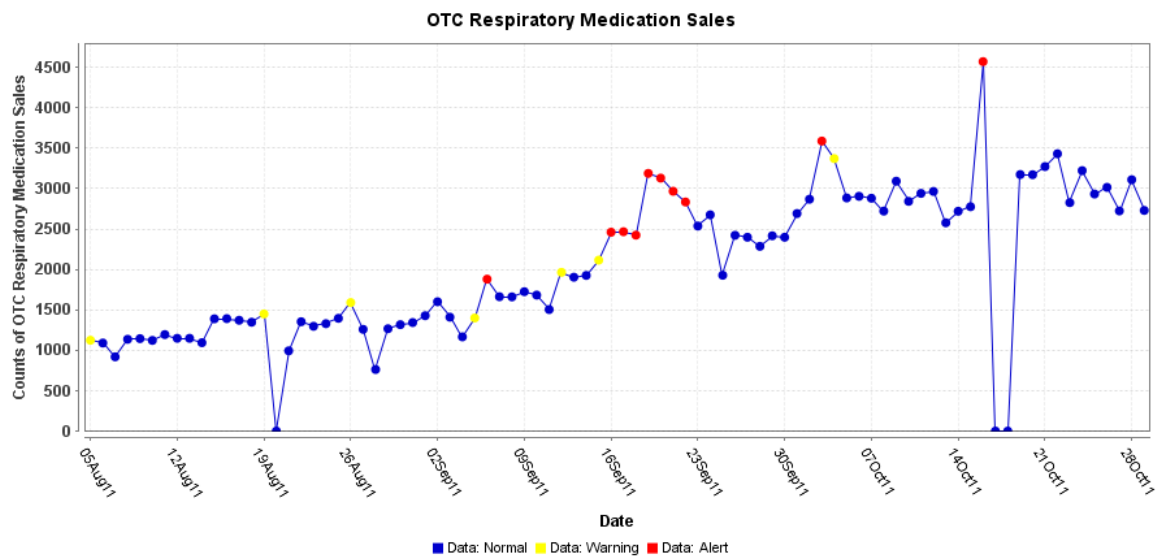


* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



Graph shows the weekly number of prescription antiviral sales in Maryland.



In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

AVIAN INFLUENZA: 26 October 2011, The Ministry of Health of Indonesia has announced 2 new confirmed cases of human infection with avian influenza A/(H5N1) virus. The 1st case is a 5-year-old female from Bangli district, Bali Province. She developed symptoms on 27 Sep 2010, and was first admitted to a local general hospital on 5 Oct 2011. She died on 9 Oct 2011. The 2nd case is a 10-year-old male, the brother of the 1st case. He developed symptoms on 30 Sep 2011, and was first admitted to the hospital on the same day as his sister. He died on 10 Oct 2011. An epidemiological investigation conducted by the Ministry of Health and local health officers indicated that the children lived in an area with poultry, and both household and neighborhood poultry had died prior to the children's illnesses. Laboratory tests have confirmed infection with avian influenza A/(H5N1) virus. Of the 181 cases confirmed to date in Indonesia, 149 have been fatal.

E. COLI (MO): 28 October 2011, More residents are expected to be infected with *E. coli* bacteria in an outbreak that has already sickened at least 23 people across the St. Louis region and may be linked to produce at area groceries. The confirmed *E. coli* cases were 1st reported early this week and include 16 in St. Louis County, 2 in Jefferson County, 2 in St. Charles County, 2 in the city of St. Louis and one in St. Clair County. The ages range from 11 to 94, and at least 6 people were hospitalized. St. Louis County health officials confirmed that the source of the *E. coli*/0157 strain was food-borne but said that the investigation was ongoing and that not

all of the affected people had been interviewed. More cases are expected because the incubation period for the illness can be as long as 10 days. Scientists with the CDC, who investigate multi-state food-borne disease outbreaks, are expected to arrive in St. Louis over the weekend. Though groceries have not been asked to pull any food, Schnucks voluntarily replaced or removed some produce in salad bars and shelves. "Once we heard that the health department had declared an outbreak, we took some proactive steps with our food safety team to switch products out that recent history told us could be potential sources," said Schnucks spokeswoman Lori Willis. Schnucks on Clayton Road in Richmond Heights voluntarily pulled strawberries, lettuce and croutons out of its salad bar on Wed 26 Oct 2011, according to deli manager Mike Reardon. "It was just a precautionary move," Reardon said, adding, "As far as I know, there haven't been any problems with anything we've sold." Reardon said he knew of no one who had called to complain about getting sick after eating food from the store. Another Schnucks store, Culinaria in downtown St. Louis, put a sign up on empty shelves that read in part, "Due to a voluntary recall on pre-packed lettuce, we will not be able to produce these pre-made salads. Be assured quality is our main concern. All of the lettuce on the salad bar is fresh and not involved with the recall." St. Louis County health officials said they became concerned starting Monday [24 Oct 2011] when they learned from hospitals of a large number of cases. The county reported 5 *E. coli* cases in all of 2010. "Once we decide we've gotten to a significant case load and we suspect there may be people out there who have the disease, we make the decision to alert the public," said Dr. Dolores Gunn, the department's director. "You do not want people who are positive (for *E. coli*) thinking they have the stomach flu and don't need to follow up." Mercy Hospital in Creve Coeur has treated 6 patients for the bacterial infection. A 25-year-old woman was released from Mercy Hospital on Thu 27 Oct 2011, after being admitted over the weekend. Doctors there told Schuessler she had been infected with the *E. coli* O157. Health investigators initially thought that the woman, an elementary school teacher, may have been sickened at work, she said. They later interviewed her about what she had eaten in the past 7 to 10 days, focusing on fruits and vegetables. County health officials visited her home in University City and removed some produce including strawberries and blueberries that she had purchased at the Schnucks at Ladue Road and Interstate 170, she said. The woman said she shopped at the store 16 Oct 2011 and made a salad that she ate that day. She then ate more produce including pre-packaged salad throughout last week. The father of another infected patient said his daughter ate salads twice last week that she bought at the Schnucks Culinaria store in downtown St. Louis. He said he thought both of the salads were prepackaged, purchased from the salad and deli section of the store. Bell hopes his daughter will be released from the hospital in the coming days but said, "She's not out of the woods yet." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI (NC): 27 October 2011, State Public Health officials have reported that 21 cases of *E. coli* have been reported as of Thursday afternoon [27 Oct 2011]. Of those 21 cases, 8 are confirmed, and 13 cases are still being evaluated. All reported cases either reside or traveled to Wake County 10 days prior to becoming ill. According to State Epidemiologist Dr. Megan Davies, cases have been reported from Durham, Wake, Johnston, Franklin, Cleveland and Sampson counties. "There does not appear to be any reason to be concerned about ongoing exposure to the source of this outbreak," Davies said. "However, we are working vigorously with local health departments and health care providers across the state to find additional cases if they exist." Four of the 21 cases are still hospitalized, and all those hospitalized are children, she added. The initial investigation was undertaken by Wake County Health and Human Services, Wake County Environmental Services, and by the North Carolina Division of Public Health. Other Local Health Departments are joining this investigation if cases are reported to them. Investigators are examining events, foods or activities that may be common to all cases. State and Wake County Health officials stressed that the investigation is ongoing. "We are working with county health departments, hospitals and clinics across the state to identify any additional cases," Davies said. "Once a case is identified, disease investigators then work to determine whether the case is related to this outbreak and, if so, what common link there may be as to the source. Our focus at this time is to conduct a case control study and to genetically fingerprint this strain so as to determine cases that are related to the same source." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents)*Non-suspect case

SALMONELLOSIS (USA): 26 October 2011, CDC is collaborating with public health and agriculture officials in New York and other states and the Food and Drug Administration (FDA) to investigate a multistate outbreak of *Salmonella Enteritidis* infections linked to Turkish pine nuts purchased from bulk bins at Wegmans grocery stores. Representatives from Wegmans are cooperating with public health officials. Public health investigators are using DNA "fingerprints" of bacteria obtained through diagnostic testing with pulsed-field gel electrophoresis, or PFGE, to identify cases of illness that may be part of this outbreak. They are using data from PulseNet, the national subtyping network made up of state and local public health laboratories and federal food regulatory laboratories that performs molecular surveillance of foodborne infections. A total of 42 individuals infected with the outbreak strain of *S. Enteritidis* have been reported from 6 states. The number of ill persons identified in each state with the outbreak strain is as follows: Arizona (1), Maryland (1), New Jersey (2), New York (26), Pennsylvania (8), and Virginia (4). Among 42 persons for whom information is available, illnesses began on or after 20 Aug 2011. Ill persons range in age from less than 1 to 94 years, and the median age is 43 years old. 57 percent of patients are female. 2 patients were hospitalized. No deaths have been reported. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LISTERIOSIS (USA): 25 October, 2011, The death toll linked to *Listeria*-contaminated cantaloupes in the United States has climbed to 28, the Centers for Disease Control and Prevention said on Tue Oct 25 2011. Whole or pre-cut Rocky Ford-brand cantaloupe from Colorado-based Jensen Farms have been traced as the cause of what has become the deadliest U.S. food-borne listeriosis outbreak in a quarter century. A total of 133 people in 26 states have fallen ill so far in the outbreak, and the CDC has said that one woman, who was pregnant at the time she fell ill, had a miscarriage. The deadliest known food-borne listeriosis outbreak in the United States was in 1985 when a Jalisco Products' Mexican-style soft cheese contaminated with *Listeria* killed 18 adults and 10 newborns and caused 20 miscarriages. The illness has a long incubation period, with symptoms sometimes not showing up until 2 months after people consume *Listeria*-tainted foods. In a warning letter to Jensen Farms on 18 Oct 2011, the U.S. Food and Drug Administration said testing turned up widespread *Listeria* contamination at its Granada, Colorado packing plant, which "indicates poor sanitary practices in the facility." The elderly, pregnant women and people with weakened immune systems are most at risk of falling ill from listeriosis. Symptoms include fever and muscle aches, sometimes preceded by diarrhea and other gastric problems. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

ANTHRAX (RUSSIA): 28 October 2011, A resident of Novosibirsk was hospitalized with suspected anthrax. The deputy head of the regional Rospotrebnadzor Boris Yagudin reported on Friday [28 Oct 2011] that a resident of Novosibirsk oblast, Chany area, had been hospitalized with suspected anthrax. "The woman was hospitalized in the infectious hospital of Novosibirsk and is in satisfactory condition. [Results of the laboratory] analyses will be [available] within 10 days", said Yagudin. Epidemiological investigations are now underway. Yagudin has declined to comment on the local media reports that a woman working as a cook at a cafe was affected. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX (GEORGIA): 24 October, 2011, A new case of anthrax has been identified in the territory of Sakartvelo [Georgia]. As reported by the GHN, a 27-year-old patient from Lagodekhi was taken to the Tbilisi Infectious Disease Hospital with an ulcer on the right hand. He told the doctors that he was going to send his cattle meat for sale, but after checking, it was not taken. The new patient is a butcher. The doctors have assumed that he was infected with anthrax when he was cutting the meat. According to the hospital experts, at this stage, the patient's state is regarded as stable. In late August 2011, anthrax was diagnosed in a 45-year-old man in the Kakheti region; he was also transferred to the Infectious Diseases Hospital in Tbilisi [see 20110904.2698]. The health status of the patients is estimated as moderate. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

BOTULISM (FINLAND): 24 October 2011, Italian olives tainted with botulinum toxin sickened 2 members of a Helsinki family last week [week of 17 Oct 2011]. Both individuals reported having eaten Gaudiano Organic Olives Stuffed with Almonds. Lab tests confirmed that the jar from which the 2 patients had eaten the olives contained botulinum toxin. The tainted olives were packed in 314 ml glass jars, with a "best before" date of 09/2012. They were imported into Finland by Kespro as early as September 2010. The olives were sold in Finland to K-food stores KCM Big Apple (Espoo), KCM Jumbo (Vantaa), and KSM South Centre (Rovaniemi), and to a few restaurants. The olives have been withdrawn from sale in Finland, and consumers who purchased this product are asked to return it to the store. Germany's Federal Office for Consumer Protection and Food Safety has learned that some of these olives also were distributed in Germany, and is asking its citizens to dispose of any of the implicated jars of olives "with household waste". According to a notice posted 21 Oct 2011 on the Rapid Alert System for Foods and Feeds (RASFF) and updated this morning (24 Oct 2011), these olives also were distributed to the UK and the USA. So far, neither the US Food and Drug Administration nor Britain's Food Standards Agency has issued a Consumer Alert or a public health advisory of any sort. eFood Alert Advisory to Consumers in Finland, Germany, the United Kingdom and the USA: Check your pantry for Gaudiano Organic Olives Stuffed with Almonds (Product of Italy; Best before 09/2012), and discard the product in a safe manner. DO NOT TASTE THIS PRODUCT. If you have consumed even a tiny amount of this product and begin to experience any symptoms of botulism, including blurred vision or difficulty swallowing, seek immediate medical attention. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmm.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmm.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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